

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1							51		
2							52		
3							53		
4		2					54		
5		2					55		
6		2					56		
7		2					57		
8		2					58		
9		2					59		
10		1					60		
11		1					61		
12		1					62		
13		1					63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
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30							80		
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32							82		
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35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	12						TOTAL DEP.		
TOTAL CLAIMS	19						TOTAL CLAIMS		